

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WATER - GEOLOGY SECTION
PHONE: 785-296-5524 FAX: 785-296-5509

REQUEST FOR GEOLOGY SECTION INFORMATION

REQUESTER SECTION:

PROJECT NAME: _____
Name of Requester: _____
Company Name: _____
Address: _____

Street

City

State

Zip

Phone Number: _____

REASON FOR REQUEST (INCLUDING PURPOSE):

HOW MANY PEOPLE WILL BE REVIEWING THE FILE? _____

I understand it is a violation of the law to use the names and addresses in this information for the purpose of selling, or offering to sell, property or services, except in the limited circumstances provided for in K.S.A. 45-230.

A fee may be required for information to be sent. This is to be determined at time of request.

Signature	Date
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-----Office Use Only-----

Geology Section: _____ Date of Request: _____
(Must have 3 working days notice after initial request)

Project: _____

Program Responsible: _____

Name of Reviewer: _____

Approved: _____ Not approved: _____ Other: _____

Comments: _____

Signature	Date
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A copy of this form shall be returned with any information provided or upon disapproval. A file copy shall be kept.

Return to: Kansas Department of Health and Environment
Bureau of Water - Geology Section
1000 S.W. Jackson, Ste 420
Topeka, KS 66612-1367